

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-875)

SERIAL NO.

APPLICANT(S)

FILING DATE

CLAIMS

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
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TOTAL IND.		↗		↗		↗
TOTAL DEP.	↖		↖		↖	
TOTAL CLAIMS		⊞		⊞		⊞

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
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TOTAL IND.		↗		↗		↗
TOTAL DEP.	↖		↖		↖	
TOTAL CLAIMS		⊞		⊞		⊞